

US EPA - Region 7

FACILITY UST INFORMATION

I. Ownership of Tank(s)		II. Location of Tank(s)			
Owner Name _____ Street Address _____ City _____ County _____ State _____ Zip _____ Code _____ Contact _____ Phone _____		Facility Name _____ ID# _____ Street Address _____ City _____ County _____ State _____ Zip _____ Code _____ Contact at Location _____ Phone _____			
III. Tank/Piping Information	Tank 1	Tank 2	Tank 3	Tank 4	
Type of Tank					
Year Installed					
Capacity of Tank (in gallons)					
Substance Stored					
Indicate tanks manifolded					
Piping Material					
IVA Release Detection/Tanks Methods: TTT & IC, ATG, VM, GWM, SIR, Int. Mon., MTG					
Indicate Method					
IVB Release Detection/Piping Methods: LTT, VM, GWM, SIR, Sec. Con., Continual Line Monitoring (CLM)					
Pressurized (P), Suction (S), Safe (SS)					
Line Leak Dectector (Mech or Elec) and:					
Indicate Method					
V. Corrosion, Spill & Overfill Protection Methods for Corrosion Protection: FRP, Composite, Lined, GA, IC					
Type of Corrosion Protection: Tanks					
Piping					
Overfill Protection (Yes/No) Indicate Method					
Spill Protection (Yes/No)					
VI. Financial Responsibility					
Does O/O have evidence of financial assurance mechanism used? (circle one) YES NO Mechanism: _____					
VII. Comments/Site Information Latitude: DEG _____ MIN _____ SEC _____ Longitude: DEG _____ MIN _____ SEC _____					

PROVIDE SITE SKETCH

VIII. Inspector's Signature:

Date of Inspection: